

JUL-15-05

01:32pm

From-SIMBAS LTD

RECEIVED
CENTRAL FAX CENTER

416595 7306

T-313 P.007/012 F-475

JUL 15 2005

PT 2/SB/62 (09-04)

Approved for use through 11/30/2005. DMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/711,408
Filing Date	September 16, 2004
First Named Inventor	Helmut E. Freitag
Art Unit	1841
Examiner Name	
Attorney Docket Number	12927-11 LAB

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

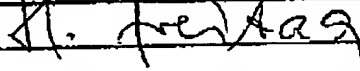
<input checked="" type="checkbox"/> Firm or Individual Name	Dr. Lola A. Bartoszewicz Sim & McBurney				
Address	330 University Avenue, 6th Floor				
City	Toronto	State	Ontario	Zip	M5G 1R7
Country	Canada				
Telephone	416 595 1155	Fax	416 595 1163		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Helmut E. Freitag		
Date	14. July 2005	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY

PTO/SB/82 (09-04)
Approved for use through 11/30/2005. OMB 0851-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/711,408
Filing Date	September 18, 2004
First Named Inventor	Helmut E. Freitag
Art Unit	1841
Examiner Name	
Attorney Docket Number	12927-11 LAB

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

☒ Firm or
Individual Name Dr. Leta A. Bartoszewicz
Sim & McBurney

Address 330 University Avenue, 6th Floor

City Toronto

State Ontario

Zip M5G 1R7

Country Canada

Telephone 416 593 1155

Fax 416 595 1163

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature 

Name Leta A. Shi

Date July 14, 2005

Telephone 905-731-9983

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 and select option 2.

Express Mail Label No.

Docket No.
12927-11 LAB

Declaration and Power of Attorney For Patent Application

English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled
CHROMATOGRAPHIC ASSAY DEVICE AND METHODS

the specification of which

(check one)

☐ Is attached hereto.

☒ was filed on 09/16/2004 as United States Application No. or PCT International

Application Number 10/711,408

and was amended on _____

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Not Claimed

_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/>
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/>
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional application(s) listed below:

60/504,540

(Application Serial No.)

09/19/2003

(Filing Date)

(Application Serial No.)

(Filing Date)

(Application Serial No.)

(Filing Date)

I hereby claim the benefit under 35 U. S. C. Section 120 of any United States application(s), or Section 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. Section 112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, C. F. R. Section 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

(Application Serial No.)

(Filing Date)

(Status)
(patented, pending, abandoned)

(Application Serial No.)

(Filing Date)

(Status)
(patented, pending, abandoned)

(Application Serial No.)

(Filing Date)

(Status)
(patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

Dr. Lola A. Bartoszewicz 43394

Send Correspondence to: Dr. Lola A. Bartoszewicz
Sim & McBurney
300 University Avenue, 6th Floor
Toronto, Ontario M5G 1R7
Canada

Direct Telephone Calls to: (name and telephone number)
Dr. Lola A. Bartoszewicz 416 595 1155 ext. 200

Full name of sole or first inventor
Helmut E. Freitag
Sole or first inventor's signature *H. Freitag* Date 14 July 2005
Residence
131 Beecroft Road, # 1509, Toronto M2N 6G9, Ontario, Canada
Citizenship
Germany
Post Office Address
131 Beecroft Road, # 1509, Toronto M2N 6G9, Ontario, Canada
CHEMNITZSTRASSE 13, SCHLESWIG 24837, GERMANY

Full name of second inventor, if any
Qinwei Shi
Second inventor's signature
Residence
55 Hearthstone Crescent, Richmond Hill, L4B 3E3, Ontario, Canada
Citizenship
Canada
Post Office Address
55 Hearthstone Crescent, Richmond Hill, L4B 3E3, Ontario, Canada

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

Dr. Lola A. Bartoszewicz 43394

Send Correspondence to: Dr. Lola A. Bartoszewicz
Sim & McBurney
530 University Avenue, 6th Floor
Toronto, Ontario M5G 1R7
Canada

Direct Telephone Calls to: (name and telephone number)
Dr. Lola A. Bartoszewicz 416 595 1155 ext. 200

Full name of sole or first inventor	Date
Helmut E. Freitag	
Sole or first inventor's signature	
Residence	
134 Beecroft Road, # 1509, Toronto M2N 6G9, Ontario, Canada	
Citizenship	
Germany	
Post Office Address	
134 Beecroft Road, # 1509, Toronto M2N 6G9, Ontario, Canada	
Chemnitzstrasse 13 24837 Schleswig, Germany	
Full name of second inventor, if any	Date
Qinwei Shi	July 4/05
Second inventor's signature	
Residence	
55 Hearthstone Crescent, Richmond Hill, L4B 3E3, Ontario, Canada	
Citizenship	
Canada	
Post Office Address	
55 Hearthstone Crescent, Richmond Hill, L4B 3E3, Ontario, Canada	

Patent and Trademark Office-U.S. DEPARTMENT OF COMMERCE

Form PTO-SB-01 (5-95) (Modified)

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ BLACK BORDERS
- ☐ IMAGE CUT OFF AT TOP, BOTTOM OR SIDES
- ☐ FADED TEXT OR DRAWING
- ☐ BLURRED OR ILLEGIBLE TEXT OR DRAWING
- ☐ SKEWED/SLANTED IMAGES
- ☐ COLOR OR BLACK AND WHITE PHOTOGRAPHS
- ☐ GRAY SCALE DOCUMENTS
- ☒ LINES OR MARKS ON ORIGINAL DOCUMENT
- ☐ REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY
- ☐ OTHER: _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.